

Application No. 09/990,939

Attorney Docket No. 2000P09060US01

REMARKS

Claims 1-16 are pending in this application.

Rejection of Claims 1-7 and 11-15 under 35 U.S.C. 102(a)

Claims 1-7 and 11-15 are rejected under 35 U.S.C. 102(a) as being anticipated by Biondi et al.(U.S. Patent No. 6,584,973). These claims, as amended, are deemed to be patentable for the reasons given below.

The present claimed invention describes a network compatible user interface system for displaying patient medical parameters and supporting user customization of medical parameter image displays. The system includes a display generator for generating a customization menu. The customization menu incorporates a first window including fields for user entry of items including, a label identifying a medical parameter, a value of the medical parameter and a unit of measure of the parameter. A new image menu displays a value of the parameter identified by the user entered parameter label as well as a value of the one or more first predefined list of parameters. The value is derivable from user data entry via the customization menu and from network sources. The new image menu is displayable in response to user selection of a displayed icon. An acquisition processor is provided for communicating with network sources and acquiring the medical parameter value from a network source. Similar limitations to those discussed above are included in independent claims 1, 11 and 14. These features are neither shown nor suggested by Biondi et al.

Biondi et al. describe a ventilator control system and method for controlling a ventilator pneumatic system. The user is able to enter a desired set of values corresponding to predetermined parameters. A microprocessor then compares the entered values with data obtained for the parameters and adjusts an amount of negative pressure to be created in a gas exchange reservoir that communicates with the patient airway. However, Biondi et al. neither disclose nor suggest "a customization menu incorporating a first window including fields for user entry of items including, a label

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identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention. Contrary to the assertions made in the Rejection, in Figure 7, reference number 68 (which is not specifically mentioned at all in the text of the specification) cited by the Examiner, depicts a left side of the screen including three columns – a first column including a current set value, a second column including a touch sensitive display showing an abbreviated title of the setting, and a third column including an actual value of the setting as measured during the previous breath (see Column 8, line 55-Column 9, line 3). The settings indicated in Biondi et al. are standard preset parameters. Nowhere in Biondi et al. is it disclosed or suggested that the setting/parameters are user entered as in the present claimed invention. The present invention, on the other hand allows for manual entry of custom parameters/settings, values of said medical parameters/settings and a unit of measure of said parameters/settings (Figure 3 and supporting text). Biondi et al. neither disclose nor suggest “a **customization menu** incorporating a first window including fields for user entry of items including, a label identifying a medical parameter” as in the present claimed invention.

Figure 9 and the corresponding text of Biondi et al. is further cited in the Office Action as disclosing control buttons and sliders for changing the set values. The set values can be changed “in steps of approximately 1% of the allowable range, or with the ‘Exact’ button selected, approximately ten times more precision” (see Column 10, lines 60-63). However, the control slider shown in Figure 9 is not “a customization menu” as in the present claimed invention. Figure 9 and the accompanying text neither disclose nor suggest “a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter” as in the present claimed invention. The control slider shown in Figure 9, depicts set values for a single parameter selected from the parameters shown in Figure 7 and allows for changing of the upper and lower alarm limits for the parameter. Furthermore, Biondi et al. neither disclose nor suggest that the customization window include “a second window including **fields for user entry** of values of one or more of a first predefined

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list of parameters” as in the present claimed invention. Biondi et al. only provide for adjustment of upper and lower alarm values for a single parameter using the control slider when that parameter is selected using the touch sensitive display shown in Figure 7.

In addition, contrary to the assertion in the Office Action, Biondi et al. neither disclose nor suggest a “new image menu for displaying a value of said parameter identified by said user entered parameter label, and a value of the one or more of the first predefined list of parameters” as in the present claimed invention. Rather, the “accept changes” button shown in Figure 9 sets the upper and lower alarm values for a selected parameter to the new desired value and the “save” button shown in Figure 7 records current parameter settings. Furthermore, Biondi et al. neither disclose nor suggest “displaying a value of said parameter identified by said user entered parameter label and a value of the one or more of the first predefined list of parameters, said values being derivable from user data entry via said **customization menu** and from network sources” as in the present claimed invention. Rather, Figure 1, ref. 10, 12 of Biondi et al. and cited in the Office Action, disclose a ventilator control system including a display controller. The ventilator control system “controls a ventilator pneumatic system in a medical ventilator” (Col. 3, line 46-48). System adjustment in Biondi et al. is achieved “by manipulating a plurality of controls on the input device of the display controller.” The display controller also displays data received from the sensor monitoring system. Therefore, Biondi et al. neither disclose nor suggest “displaying a value of said parameter identified by said user entered parameter label and a value of the one or more of the first predefined list of parameters, said values being derivable from user data entry via said **customization menu** and from network sources” as in the present claimed invention.

Biondi et al. also neither disclose nor suggest “said network is at least one of (a) internet and (b) intra-net compatible” as in claim 2 of the present invention. The system in Biondi et al. is a closed system. There is no suggestion or disclosure of the system being compatible with a network, internet or intra-net.

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In view of the above remarks, it is respectfully submitted that there is no 35 USC 112 enabling disclosure in Biondi et al. that makes the present claimed invention unpatentable. As independent claims 1, 11 and 14 each include limitations similar to those discussed above, all arguments presented above are applicable to each of these claims. Thus, in view of the above remarks, it is respectfully submitted that claims 1, 11 and 14 are not anticipated by Biondi et al. As claims 2-7, 12, 13 and 15 are dependent on claims 1, 11 and 14, respectively, it is respectfully submitted that these claims are also not anticipated by Biondi et al. It is thus further respectfully submitted that this rejection is satisfied and should be withdrawn.

Rejection of Claim 8 under 35 U.S.C. 103(a)

Claim 8 is rejected under 35 U.S.C. 103(a) as being unpatentable over Biondi et al. (U.S. Patent No. 6,584,973) and further in view of Gavish et al. (U.S. Patent No. 6,662,032). This claim is considered patentable for reasons given in connection with previously discussed claims and for the following reasons.

Gavish et al. disclose a diagnostic device. The device includes first and second sensors for monitoring physiological variables. The first physiological variable being indicative of a voluntary action of the user. Circuitry is provided to receive signals from the first and second sensors and, responsive thereto, generate an output signal directing the user to modify a parameter of the voluntary action. Gavish et al. were cited to show use of an internet browser to obtain an internet accessing interface for controlling the editing of medical parameters. However, contrary to the assertion made in the rejection, Gavish et al. neither disclose nor suggest the "display generator is an internet browser" as claimed in claim 8 of the present invention. Specifically, Column 4, lines 9-21 of Gavish et al. merely show that analysis by the program operator may be difficult/impossible to perform at the local site and therefore there may be a "direct response to the user, or a communication between computing devices." Further, column 29, lines 59-66 of Gavish et al. disclose the "device accesses through the Internet a Web page maintained by the server, and displays on a screen recommendations which are generated by the server or by a case manager who

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intermittently reviews data sent by device to the server.” These passages are concerned with communication between computing devices, namely the device and the server. In fact, nowhere in these passages does Gavish et al. teach that the “display generator is an internet browser” “for generating, a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention. Consequently, Gavish et al. teach a system for providing recommendations regarding the health of the user. Gavish et al. does NOT teach the “display generator is an internet browser” “for generating, a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention.

Additionally, Gavish et al., similarly to Biondi et al., neither disclose nor suggest “a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention.

Furthermore, the combination of Gavish et al with Biondi et al. as suggested in the Rejection will not produce the present claimed invention. The combination of Gavish et al. with Biondi et al. results in a system that provides recommendations regarding the airway pressure within the patient. This combination neither discloses nor suggests a system including “a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention. Additionally, this

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combination neither discloses nor suggests that the “display generator is an internet browser” “for generating, a **customization menu** incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in claim 8 of the present invention.

In view of the above remarks, it is respectfully submitted that there is no 35 USC 112 enabling disclosure in either Biondi et al. or Gavish et al., alone or in combination that makes the present claimed invention unpatentable. Consequently withdrawal of the Rejection of Claim 8 under 35 USC 103(a) is respectfully requested.

Rejection of Claims 9, 10 and 16 under 35 U.S.C. 103(a)

Claims 9, 10 and 16 are rejected under 35 USC 103(a) as being unpatentable over Biondi et al. (U.S. Patent No. 6,584,973) and further in view of Wallace et al. (U.S. Patent No. 6,369,838). These claims are considered patentable for reasons given in connection with previously discussed claims and for the following reasons.

Wallace et al. disclose a user interface for monitoring and controlling the breathing of a patient. The interface provides a display of ventilation parameters. The ventilator operates based upon a predetermined set of ventilator control settings. Entry of parameters are permitted within the preset ranges whereby alarms indicate the entry of invalid parameters. Alarm limits may also be adjusted by the user. However, Wallace et al., similarly to Biondi et al., neither disclose nor suggest “a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention. Additionally, Wallace et al., similarly to Biondi et al., neither disclose nor suggest a “new image menu being displayable in response to user selection of a displayed icon” as in the present claimed invention.

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Contrary to the Rejection, Wallace et al. (with Biondi et al.) also neither disclose nor suggest the aforementioned features found in claims 16 of the present invention. The passage at Column 13, line 62 et seq. of Wallace et al. which is cited in the Office Action disclose that a user may select a parameter to change by touching an on-screen button. To indicate that the particular button is depressed, the button may change color. This is unlike the present invention as claimed in claim 16, wherein "changed parameters and changed settings are displayed in different colors". In Wallace et al. a change in color indicates a depressed button as opposed to the present claimed invention which indicates a parameter change with a change of color.

It is also respectfully submitted that there is no motivation in either Biondi et al. or Wallace et al. for identifying changed parameter settings by color indication. While Wallace et al. does suggest the use of color, changing the color of a button when it has been depressed is not the same as changing the color of a parameter when the parameter has been changed.

It is also further respectfully submitted that there is no reason or motivation to combine Biondi et al. with Wallace et al. Biondi et al. disclose a ventilator control system and method for controlling a ventilator pneumatic system. Wallace et al. disclose a ventilator control system with a user-friendly user interface for the display of patient data, ventilator status and ventilator setting entry. Biondi et al. and Wallace et al. relate to different aspects of ventilation systems and thus it is respectfully submitted that the combination of these references to produce the present claimed invention would not be obvious. Biondi et al. deals with keeping the amount of pressure within a patient airway at a constant desired level. Wallace et al., on the other hand, describes a user friendly user interface for a ventilation control system.

Even if there was a motivation to combine these two references, the combination of the system disclosed by Biondi et al. with the system disclosed by Wallace et al. as suggested in the Rejection results in a system having a user friendly interface for keeping constant the amount of pressure within a patient airway. The

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combination of Biondi et al. and Wallace et al. neither disclose nor suggest “a customization menu incorporating a first window including fields for user entry of items including, a label identifying a medical parameter, a value of said medical parameter and a unit of measure of said parameter, and a second window including fields for user entry of values of one or more of a first predefined list of parameters” as in the present claimed invention. Nor does the combination of Biondi et al. and Wallace et al. disclose or suggest “new image menu being displayable in response to user selection of a displayed icon” as in the present claimed invention. And finally, the combination of Biondi et al. and Wallace et al. neither disclose nor suggest identifying “changed parameters and changed settings are displayed in different colors” as in the present claimed invention.

In view of the above remarks, it is respectfully submitted that there is no 35 USC 112 enabling disclosure in either Biondi et al. or Wallace et al., when taken alone or in combination, that makes the present claimed invention unpatentable. Consequently, withdrawal of the Rejection of Claims 9, 10 and 16 under 35 USC 103(a) is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

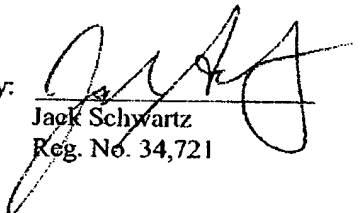
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No fee is believed due. However, if a fee is due, please charge the additional fee to Deposit Account 50-2828.

Respectfully submitted,
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June 20, 2005